

**Maricopa Integrated Health System
Formulary Prior Auth Criteria**

Drug: **Imitrex** (Sumatriptan)
Zomig (Zolmitriptan)
Maxalt (Rizatriptan)

Therapy:
Acute migraine attacks with or without auras

Indications:
Documented previous treatment failures with formulary.
Documented concomitant migraine prophylaxis

Exclusions:
Medication-induced, rebound, or chronic daily headaches
Medication in combination with another triptan or an Ergotamine

Authorization:

- A** **Imitrex**
 - Tablets: up to 200mg per episode- four episodes per month
 - Injections: two kits (4 Injectables) per 25 days
 - Sprays: six sprays per 25 days
- Zomig**
 - 2.5mg tablets: six per 25 days
 - 5mg tablets: three per 25 days
- Maxalt**
 - Tablets: six per 25 days
- B** Initial trial length three months
- C** Extended authorization of six months will be granted with documented efficacy
- D** Authorization will be for only one at a time with the new one entered and the previous one rescinded at that time

Medical Director _____
Date _____